

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/07/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155479		X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		X3) DATE SURVEY COMPLETED 02/10/2011	
NAME OF PROVIDER OR SUPPLIER KINGSTON CARE CENTER OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP CODE 1010 W WASHINGTON CENTER ROAD FORT WAYNE, IN46825			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 7, 8, 9, &10, 2011</p> <p>Facility number: 000522 Provider number: 155479 AIM number: 100267040</p> <p>Survey team: Sue Brooker, RD TC Rick Blain, RN Christine Fodrea, RN</p> <p>Census bed type: SNF/NF: 68 SNF: 49 Total: 117</p> <p>Census payor type: Medicare: 52 Medicaid: 54 Other: 11 Total: 117</p> <p>Sample: 24</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on February 11, 2011 by Bev Faulkner, RN</p>		F0000	<p>Enclosed is the plan of correction for the annual survey completed at Kingston Care Center on 2-10-2011. Please consider this the facility's credible allegation of compliance. However, submission of this response and the plan of correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly rendered, and is also not to be constructed as an admission of interest against the facility, the administrator or any employees, agent, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency. Rather, this plan of correction has been prepared because the law requires us to prepare a plan of correction for the citations regardless of whether we agree with them.</p> <p>Kingston would like to request a desk review as these deficiencies have been corrected prior to the completion of the survey process.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0282	<p>Based on observation, interview and record review, the facility failed to assure oxygen was administered at the litre flow ordered by the physician for 1 of 5 residents reviewed for oxygen administration in a total sample of 24. (Resident #66)</p> <p>The facility also failed to administer medications in the dosage ordered for 1 of 23 residents reviewed for psychotropic medications in a total sample of 24. (Resident #53)</p> <p>The facility further failed to obtain labs and x-rays as ordered for 2 of 15 residents reviewed for lab and x-ray results in a total sample of 24. (Resident #55, Resident #41)</p> <p>Findings include:</p> <p>1. Resident #66's clinical record was reviewed on 2/7/2011 at 11:45 a.m. Resident #66's diagnoses included but were not limited to high blood pressure, depression and dementia.</p> <p>A physician's order, dated 2/8/2011, indicated Resident #66 was to have oxygen administered at 2 litres per minute continuously.</p> <p>On 2/9/2011 at 9:20 a.m., Resident #66 was observed resting in her wheelchair</p>		F0282	<p>Resident #66 oxygen order has been clarified and is being administered as ordered as of 2/8/2011. Residents receiving oxygen have been audited and verified administration as ordered. Licensed nursing staff will be educated on Oxygen administration policy and procedure and following physician's orders by March 11, 2011. Random audits will be completed to check oxygen administration daily for 7 days, weekly for 3 months and monthly for 3 months by the Clinical Directors and/or designee. Results from audits will be corrected and educated as needed with results brought monthly to facility Continuous Quality Improvement meeting. Resident #53 medication has been audited and is receiving the correct dose of medication. Controlled medications will be audited to verify current medication order matches current supply and narcotic count sheet. Licensed nursing staff will be educated on medication administration, documentation and drug disposition of controlled substances policy and procedures by March 11, 2011. Random audits of administration and documentation will be completed weekly for 1 month, every two weeks for 2 months and monthly for 3 months by the Clinical Directors, and/or</p>		03/11/2011	

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	<p>with oxygen on at 1.5 litres per minute via oxygen concentrator.</p> <p>On 2/9/2011 at 2:25 p.m., Resident #66 was observed resting in bed with oxygen on concentrator at 1.5 litres per minute.</p> <p>On 2/10/2011 at 9:27 a.m., Resident #66 was observed sitting up in her wheelchair with oxygen on at 1.5 litres per minute via oxygen concentrator.</p> <p>In an interview on 2/10/2011 at 9:34 a.m., Licensed Practical Nurse (LPN) #3 indicated Resident #66's oxygen should have been on at 1.5 litres per minute.</p> <p>In an interview on 2/10/2011 at 3:30 p.m., the Director of Nursing indicated there was no specific policy regarding following physician's orders, however it was understood physician's orders were to be followed.</p> <p>2. Resident #53's record was reviewed on 2/07/2011 at 11 a.m. Resident #53's diagnoses included but were not limited to; high blood pressure, diabetes, and depression.</p> <p>A physician's order for Ambien 5 milligrams every evening was received on 3/17/2010.</p>			<p>designee. Results from audits will be reviewed and education done as needed with results brought monthly to facility Continuous Quality Improvement meeting. Residents #55 has had a chest x-ray completed on 2/5/2011. Resident #41 has had follow up lab tests completed on 2/8/2011 with no new orders. Residents with laboratory and/or diagnostic orders have been audited for follow through of physician orders. Licensed nursing staff will be educated on laboratory and diagnostic policy and procedures by March 11, 2011. Random audits of laboratory and diagnostic physician's orders will be completed daily for 1 month, every two weeks for 2 months and monthly for 3 months by the Clinical Directors and/or designee. Results from audits will be corrected and educated as needed with results brought monthly to facility Continuous Quality Improvement meeting.</p> <p>FACILITY NAME: Kingston Care Center of Fort Wayne POLICY: To assure resident's receiving oxygen therapy are monitored for effectiveness of treatment and/or need for changes in treatment. PROCEDURE: 1. Residents on oxygen will have oxygen saturation levels monitored every shift and as needed for signs and symptoms of respiratory distress. 2.</p>			

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	<p>A narcotic reconciliation record, dated 12/22/2010, indicated the Ambien supplied to the facility was 10 milligrams. The record indicated Ambien 10 milligrams had been administered on the following dates: December 26, 27, 28, 29, 30, and 31; January 1, 2, 3, and 4. The record indicated half of the Ambien 10 milligram tablet had been wasted on 1/4/2011. A drug disposition record, dated 1/4/2011, indicated half a tablet of Ambien 10 milligrams had been wasted.</p> <p>In a confidential interview on 2/9/2011 at 1:50 p.m., a nurse indicated the whole tablet of Ambien 10 milligrams had been given. The tablet had not been cut in half nor any part of the tablet wasted.</p> <p>In an interview on 2/9/2011 at 2 p.m., LPN #2 indicated she had broken the tablet and given only 5 milligrams of the 10 milligram tablet, but had failed to complete documentation regarding destruction of the half of the tablet not given.</p> <p>3. Resident #55's clinical record was reviewed on 2/7/2011 at 2:30 p.m. Resident #55's diagnoses included but were not limited to high blood pressure, depression and anxiety.</p>			<p>Residents with as needed oxygen orders will have oxygen saturation levels monitored every shift and as needed for signs and symptoms of respiratory distress to evaluate need for treatment. 3. Residents with oxygen will have an active physician order directing appropriate liter flow, device, duration, and reason. 4. In the event of emergency oxygen may be administered without a physicians order as a nursing measure and an order for oxygen will be obtained by the physician the next business day. 5. Non-licensed staff may transfer oxygen equipment (i.e. concentrator to portable tank) and set physician ordered flow rate. 6. Non-licensed staff may not adjust physician ordered liter flow. 7. Oxygen tubing will be changed per Kingston Healthcare policy. 8. Oxygen in use signs will be posted on outside and inside of door frames, latch side, where oxygen is in use. 9. Oxygen will be stored only in appropriate oxygen storage room (400 Hall) Only oxygen equipment in use will be stored in the resident's room.</p> <p>CONTACTS FOR QUESTIONS: Carrie Lukins RN, Director of Nursing POLICY REPLACED: (Enter filename of policy replaced or revised, or "New Policy") ISSUED BY: Carrie Lukins RN, Director of Nursing ISSUED DATE: LAST DATE OF REVISION: 2/2011 FACILITY</p>			

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	<p>A physician's order, dated 10/20/2010, reviewed by the nurse at 1:50 p.m. indicated Resident #55 needed repeat chest x-ray in 2 weeks.</p> <p>A review of Resident #55's Medication Administration Record, dated October 2010 indicated the chest x-ray was to be completed on 11-2-2010. The Medication Administration Record, dated 11-10, did not indicate a chest x-ray was to be completed or that one had been completed.</p> <p>A review of Resident #55's record revealed a chest x-ray, dated 2/05/2011, but did not include a chest x-ray completed between 10/20/2010 and 2/05/2011.</p> <p>A review of the nurse's notes between 10/20/2010 and 2/6/2011 did not indicate a chest x-ray had been completed.</p> <p>In an interview on 2/09/2011 at 8:50 a.m., LPN #3 indicated when an order is received for a chest x-ray, the order is called to the x-ray company and the x-ray is scheduled.</p> <p>In an interview on 2/09/2011 at 8:55 a.m., the Director of Nursing indicated the</p>			<p>NAME: Kingston Care Center of Fort Wayne POLICY: To assure resident's scheduled for laboratory and/or diagnostic services are completed and necessary treatment is obtained. PROCEDURE:</p> <p>Laboratory Orders 1. Lab orders received will be noted in lab/diagnostic tracker book on month log when test due. 2. A lab requisition will be completed and faxed to the lab with scheduled draw date 3. Lab requisition <u>white</u> copy to be filed in lab book behind monthly log. 4. Lab requisition <u>yellow</u> copy to be filed in medical record under lab tab in medical record. 5. Lab test to be written on nursing calendar on scheduled due date (long term care unit only). 6. When lab specimen obtained make note in MAR. 7. When lab results obtained highlight scheduled lab, previously documented when order obtained, on monthly lab tracking log and initial. 8. Forward Lab results to physician or physician extender for follow up.</p> <p>Diagnostic Tests Orders 1. Diagnostic test orders will be noted in lab/diagnostic tracker book on month log when test due. 2. Notify transportation department if diagnostic services not available at facility. 3. Call Diagnostic service provider and place order for diagnostic test. 4. Document order number on</p>			

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	chest x-ray had not been completed as ordered.			physician order. 5. Diagnostic test to be written on nursing calendar on scheduled due date (long term care unit only). 6. When Diagnostic test completed make note in MAR. 7. When Diagnostic test completed highlight scheduled test, previously documented when order obtained, on monthly lab/diagnostic tracking log and initial. 8. Forward Diagnostic test results to physician or physician extender for follow up. CONTACTS FOR QUESTIONS: Carrie Lukins RN, Director of Nursing POLICY REPLACED: (Enter filename of policy replaced or revised, or "New Policy") ISSUED BY: Carrie Lukins RN, Director of Nursing ISSUED DATE: LAST DATE OF REVISION: 2/2011			

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F0282	<p>4. Review of the clinical record of Resident #41 on 2/7/11 at 11:10 a.m., indicated the following: diagnoses included, but were not limited to, cerebrovascular disease and gout.</p> <p>A current physician order for Resident #41, dated 2/7/11, indicated she was to receive Allopurinol 100 mg (milligrams) daily for gout.</p> <p>Facility Nurse's Notes for Resident #41, dated 12/21/10, indicated "...writer rec'd (received) phone call from daughter...daughter requests res (resident) be seen by doctor for sore L (left) large toe...writer to write note for NP (Nurse Practitioner) to see her...."</p> <p>A facility Progress Notes for Resident #41, dated 12/22/10, indicated she was seen by the Nurse Practitioner for her left great toe pain. The Progress Notes also indicated Resident #41 had a history of gout. The Progress Notes further indicated a uric acid level was ordered.</p> <p>A physician order for Resident #41, dated 12/22/10, indicated a uric acid level on 12/24/10 due to left great toe pain.</p> <p>Facility Nurse's Notes for Resident #41, dated 12/22/10, indicated a new order was</p>		F0282	<p>Resident #66 oxygen order has been clarified and is being administered as ordered as of 2/8/2011. Residents receiving oxygen have been audited and verified administration as ordered. Licensed nursing staff will be educated on Oxygen administration policy and procedure and following physician's orders by March 11, 2011. Random audits will be completed to check oxygen administration daily for 7 days, weekly for 3 months and monthly for 3 months by the Clinical Directors and/or designee. Results from audits will be corrected and educated as needed with results brought monthly to facility Continuous Quality Improvement meeting. Resident #53 medication has been audited and is receiving the correct dose of medication. Controlled medications will be audited to verify current medication order matches current supply and narcotic count sheet. Licensed nursing staff will be educated on medication administration, documentation and drug disposition of controlled substances policy and procedures by March 11, 2011. Random audits of administration and documentation will be completed weekly for 1 month, every two weeks for 2 months and monthly for 3 months by the Clinical Directors, and/or</p>		03/11/2011	

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	<p>received for a uric acid level on 12/24/10.</p> <p>The Director of Nursing (DON) was interviewed on 2/9/11 at 8:55 a.m. During the interview, she indicated a uric acid level was ordered for Resident #41, but not drawn. She also indicated the lab had been contacted determining the lab had not received the order for the uric acid.</p> <p>A facility policy on following physician's orders was requested on 2/9/11 at 3:30 p.m. during the exit conference.</p> <p>The DON was interviewed on 2/10/11 at 1:34 p.m. During the interview, she indicated the only policy the facility had on following physician orders described the procedure nursing staff were to follow on obtaining and recording physician orders. She also indicated physician orders were to be followed.</p> <p>3.1-35(g)(2)</p>				<p>designee. Results from audits will be reviewed and education done as needed with results brought monthly to facility Continuous Quality Improvement meeting. Residents #55 has had a chest x-ray completed on 2/5/2011. Resident #41 has had follow up lab tests completed on 2/8/2011 with no new orders. Residents with laboratory and/or diagnostic orders have been audited for follow through of physician orders. Licensed nursing staff will be educated on laboratory and diagnostic policy and procedures by March 11, 2011. Random audits of laboratory and diagnostic physician's orders will be completed daily for 1 month, every two weeks for 2 months and monthly for 3 months by the Clinical Directors and/or designee. Results from audits will be corrected and educated as needed with results brought monthly to facility Continuous Quality Improvement meeting.</p> <p>FACILITY NAME: Kingston Care Center of Fort Wayne POLICY: To assure resident's receiving oxygen therapy are monitored for effectiveness of treatment and/or need for changes in treatment. PROCEDURE: 1. Residents on oxygen will have oxygen saturation levels monitored every shift and as needed for signs and symptoms of respiratory distress. 2.</p>		

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					Residents with as needed oxygen orders will have oxygen saturation levels monitored every shift and as needed for signs and symptoms of respiratory distress to evaluate need for treatment. 3. Residents with oxygen will have an active physician order directing appropriate liter flow, device, duration, and reason. 4. In the event of emergency oxygen may be administered without a physicians order as a nursing measure and an order for oxygen will be obtained by the physician the next business day. 5. Non-licensed staff may transfer oxygen equipment (i.e. concentrator to portable tank) and set physician ordered flow rate. 6. Non-licensed staff may not adjust physician ordered liter flow. 7. Oxygen tubing will be changed per Kingston Healthcare policy. 8. Oxygen in use signs will be posted on outside and inside of door frames, latch side, where oxygen is in use. 9. Oxygen will be stored only in appropriate oxygen storage room (400 Hall) Only oxygen equipment in use will be stored in the resident's room. CONTACTS FOR QUESTIONS: Carrie Lukins RN, Director of Nursing POLICY REPLACED: (Enter filename of policy replaced or revised, or "New Policy") ISSUED BY: Carrie Lukins RN, Director of Nursing ISSUED DATE: LAST DATE OF REVISION: 2/2011 FACILITY		

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					NAME: Kingston Care Center of Fort Wayne POLICY: To assure resident's scheduled for laboratory and/or diagnostic services are completed and necessary treatment is obtained. PROCEDURE: Laboratory Orders 1. Lab orders received will be noted in lab/diagnostic tracker book on month log when test due. 2. A lab requisition will be completed and faxed to the lab with scheduled draw date 3. Lab requisition <u>white</u> copy to be filed in lab book behind monthly log. 4. Lab requisition <u>yellow</u> copy to be filed in medical record under lab tab in medical record. 5. Lab test to be written on nursing calendar on scheduled due date (long term care unit only). 6. When lab specimen obtained make note in MAR. 7. When lab results obtained highlight scheduled lab, previously documented when order obtained, on monthly lab tracking log and initial. 8. Forward Lab results to physician or physician extender for follow up. Diagnostic Tests Orders 1. Diagnostic test orders will be noted in lab/diagnostic tracker book on month log when test due. 2. Notify transportation department if diagnostic services not available at facility. 3. Call Diagnostic service provider and place order for diagnostic test. 4. Document order number on		

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F0329 SS=D	<p>Based on interview and record review, the facility failed to ensure gradual dose reduction or tapering was attempted for 1 resident of 23 reviewed with psychotropic medication in a total sample of 24. (Resident #53)</p> <p>Findings include:</p> <p>Resident #53's record was reviewed on 2/07/2011 at 11 a.m. Resident #53's diagnoses included but were not limited to depression, high blood pressure, and diabetes.</p> <p>A physician's order, dated 3-16-2010, indicated Ambien 5 milligrams every evening had been ordered.</p> <p>Review of nurse's notes, dated 3-18-2010 through 2-5-2011, did not indicate any insomnia or difficulty sleeping.</p> <p>Review of the Minimum Data Set, dated 11/01/2010 and 1/27/2011, indicated Resident # 53 did not have trouble falling or staying asleep.</p> <p>Review of mental and behavioral health visits conducted 6-17-2010 through 11-1-2010 did not indicate Resident #53 had any trouble sleeping. There was no indication a dose reduction or tapering</p>		F0329	<p>Resident #53 has been evaluated and began a dosage reduction on 2/17/2011. Residents receiving psychoactive medications will under go an audit and review of last dosage reduction attempt and a tracking tool has been implemented to log last dosage reduction and next scheduled dosage reduction. Licensed nursing staff will be educated on psychoactive medication administration policy and procedures including but not limited to dosage reduction requirements by March 11, 2011. Resident's on psychoactive medications will be reviewed monthly at behavior management meeting by the Clinical Director, Nurse Practitioner, Social Worker, Consultant Pharmacist and/or designees. Findings will be brought monthly to facility Continuous Quality Improvement meeting for review. Psychoactive Medication Tracking Resident NameRoom NumberDate OrderedName & Type of Psychoactive DrugDiagnosisDx on Monthly OrdersDate Reduced or discontinuedCare Plan UpdatedDate next scheduled reduction attempt</p>		03/11/2011	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/07/2011

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	<p>had been considered.</p> <p>In an interview on 2/9/2011 at 9:50 a.m., Social Service Staff (SS) #1 indicated there was no documentation Resident #53 had any problem sleeping and a dose reduction had not been considered. SS#1 further indicated Resident #53 was actively receiving psychiatric care but there was no indication Resident #53 had any trouble sleeping and a dose reduction had not been considered.</p> <p>A current policy entitled psychoactive drug monitoring, dated 8/02/2010, indicated "...b. The continued need for the psychoactive medication is reassessed regularly by the prescriber and the care planning team. If continuation is deemed necessary, this is indicated in the medical record. ..Unless medically contraindicated, periodic dosage reductions are attempted and the results documented...Hypnotics...2) A gradual dose reduction is attempted three times within six months before a clinical contraindication is documented...."</p> <p>3.1-48(a)(4)</p>						

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F0502 SS=D	<p>Based on interview and record review, the facility failed to ensure labs were obtained as ordered by the physician for 1 of 24 residents reviewed for lab results in a total sample of 24. (Resident #68)</p> <p>Findings include:</p> <p>Resident #68's record was reviewed 2/9/2011 at 2:45 p.m. Resident #68's diagnoses included but were not limited to anemia, heart disease, and diabetes.</p> <p>A physician's order, dated 1/4/2011, indicated Resident #68 was to have a Complete blood Count drawn on 1/11/2011.</p> <p>Review of the clinical record revealed no results of a complete blood count for or around the date of 1/11/2011.</p> <p>A review of Nurse's notes, dated 1/4/2011 through 1/20/2011, did not indicate Resident #68 had refused to have a complete blood count drawn nor did the notes indicate the complete blood count had been drawn.</p> <p>A laboratory request form, dated 1/4/2011, had been sent to the lab to draw a complete blood count for Resident #68 on 1/11/2011.</p>		F0502	<p>Resident #68 has had a documented CBC drawn on 2/1/2011 with no new orders. Residents with laboratory orders have been audited for follow through of physician orders for the months of Dec, Jan, and February. Licensed nursing staff will be educated on laboratory policy and procedures by March 11, 2011. Random audits of laboratory physician's orders will be completed daily for 1 month, every two weeks for 2 months and monthly for 3 months by the Clinical Directors and/or designee. Results from audits will be corrected and educated as needed with results brought monthly to facility Continuous Quality Improvement meeting. FACILITY NAME: Kingston Care Center of Fort Wayne POLICY: To assure resident's scheduled for laboratory and/or diagnostic services are completed and necessary treatment is obtained. PROCEDURE:</p> <p>Laboratory Orders 1. Lab orders received will be noted in lab/diagnostic tracker book on month log when test due. 2. A lab requisition will be completed and faxed to the lab with scheduled draw date 3. Lab requisition <u>white</u> copy to be filed in lab book behind monthly log. 4. Lab requisition <u>yellow</u> copy to be filed in medical record under lab tab in medical record. 5. Lab test to be written on nursing</p>		03/11/2011	

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	<p>In an interview 2/10/2011 at 9:22 a.m., the Director of Nursing indicated although the lab had been ordered, it had not been drawn.</p> <p>In an interview 2/10/2011 at 12:25 p.m., the Director of Nursing indicated there was no specific policy regarding obtaining labs, it was understood labs would be obtained as ordered.</p> <p>3.1-49(a)</p>			<p>calendar on scheduled due date (long term care unit only). 6. When lab specimen obtained make note in MAR. 7. When lab results obtained highlight scheduled lab, previously documented when order obtained, on monthly lab tracking log and initial. 8. Forward Lab results to physician or physician extender for follow up.</p> <p>Diagnostic Tests Orders 1. Diagnostic test orders will be noted in lab/diagnostic tracker book on month log when test due. 2. Notify transportation department if diagnostic services not available at facility. 3. Call Diagnostic service provider and place order for diagnostic test. 4. Document order number on physician order. 5. Diagnostic test to be written on nursing calendar on scheduled due date (long term care unit only). 6. When Diagnostic test completed make note in MAR. 7. When Diagnostic test completed highlight scheduled test, previously documented when order obtained, on monthly lab/diagnostic tracking log and initial. 8. Forward Diagnostic test results to physician or physician extender for follow up. CONTACTS FOR QUESTIONS: Carrie Lukins RN, Director of Nursing</p> <p>POLICY REPLACED: (Enter filename of policy replaced or revised, or "New Policy") ISSUED</p>			

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				BY: Carrie Lukins RN, Director of Nursing ISSUED DATE: LAST DATE OF REVISION: 2/2011			